


OCT 4 2016

Grant Award Notification

GRANTEE NAME AND ADDRESS Cary Matsuoka, Superintendent Milpitas Unified 1331 East Calaveras Boulevard Milpitas, CA 95035-5707				CDE GRANT NUMBER			
FY		PCA		Vendor Number	Suffix		
15		25306		7338	00		
16		25312					
Attention Cary Matsuoka				STANDARDIZED ACCOUNT CODE STRUCTURE		COUNTY	
Program Office Office of the Superintendent				Resource Code	Revenue Object Code	43	
Telephone 408-635-2600				6387	8590	INDEX	
Name of Grant Program Career Technical Education Incentive Grant						0615	
GRANT DETAILS	Original/Prior Amendments	Amendment Amount	Total	Amend. No.	Award Starting Date	Award Ending Date	
	\$680,632	\$0	\$828,213	1	July 1, 2015	June 30, 2019	
	\$0	\$147,581					
CFDA Number	Federal Grant Number	Federal Grant Name			Federal Agency		
N/A	N/A	N/A			N/A		
This is to inform you that the award for the Career Technical Education Incentive Grant has been amended to add additional funding and extend the award end date. This award is made contingent upon the availability of funds. If the Legislature takes action to reduce or defer the funding upon which this award is based, then this award will be amended accordingly. Please return the original, signed Grant Award Notification (AO-400) to: Andrea Guenthart, Associate Governmental Program Analyst Career Technical Education Administration and Management Office California Department of Education 1430 N Street, Suite 4202 Sacramento, CA 95814-5901							
California Department of Education Contact Teri Alves				Job Title Education Programs Consultant			
E-mail Address talves@cde.ca.gov				Telephone 916-322-0374			
Signature of the State Superintendent of Public Instruction or Designee 				Date 9/20/16			
CERTIFICATION OF ACCEPTANCE OF GRANT REQUIREMENTS							
<i>On behalf of the grantee named above, I accept this grant award. I have read the applicable certifications, assurances, terms, and conditions identified on the grant application (for grants with an application process) or in this document or both; and I agree to comply with all requirements as a condition of funding.</i>							
Printed Name of Authorized Agent				Title			
E-mail Address				Telephone			
Signature 				Date			